

Quality Committee

DRAFT MINUTES of the meeting held on Wednesday 13 April 2016

13:30 – 15:33 pm, Viaduct, Floor 7, Regent House

Present:

Anita Rolfe	Executive Nurse, NHS Stockport CCG
Dr Cath Briggs	Clinical Director for Quality & Provider Management, NHS Stockport CCG
Gillian Miller	Deputy Director of Quality & Provider Management, NHS Stockport CCG
Dr James Higgins	Locality Chair, Heaton & Tame Valley
Sarah Williamson	Quality & Performance Lead, NHS Stockport CCG
Sue Carroll	Healthwatch Stockport
Sue Gaskell	Safeguarding Lead Nurse, NHS Stockport CCG
Susan Parker	Allied Health Professional
Dr Vicci Owen-Smith	Clinical Director, Public Health (Acting Chair)

In attendance:

Dr Debbie Kendall	Secondary Care Lay Consultant
Gina Evans	Joint Commissioning Lead, NHS Stockport CCG

Apologies:

Jane Crombleholme	Lay Member, Chair of NHS Stockport CCG Governing Body CCG
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Minute Taker:

Alison Newton	Committee Support Officer, NHS Stockport CCG
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1. Apologies and declarations of interest
<p>1.1 Apologies were received from Jane Crombleholme and for late arrival from G Miller. Dr Owen-Smith was the nominated Chair for the meeting.</p> <p>A Rolfe was welcomed to her first meeting of the Committee; A Rolfe would Chair future meetings of the Committee. Members introduced themselves.</p> <p>There were no declarations of interest for the meeting.</p>
2. Notification of items for Any Other Business
<p>2.1 There were no additional items presented for discussion.</p>
3. Items of Business
<p>3.1 Minutes from the previous two meetings – 16 December 2015 and 17 February 2016.</p>

The minutes of the meetings held on 16 December 2015 and 17 February 2016 were approved as a correct record and would be signed by the Acting Chair.

S Parker joined the meeting (13:39 pm).

3.2 Action log – update on progress:

Item 6.2 (15Sep15) Mental Health: This item would be covered later on the agenda.

Item 4.2 (17Feb16) IPR: Locum doctor costs would be reported in future IPRs. Action closed.

Remove off log.

G Evans joined the meeting (13:40 pm).

The Chair referred back to item 6.2 on the log:

Item 6.2 (15Sep15) Mental Health: Pennine Care Managing Violence Policy. G Evans reported that the policy had been completed and is now live on their website; the Policy does incorporate NICE guidelines. Action closed. **Remove off log.**

Item 5.1.1 (17Feb16) Mental Health: Members noted the membership of the serious incident review panel (Pennine Care NHS FT). Members questioned whether there is sufficient clinical representation on the Panel with no GP or lay member. It was noted that a recommendation of *Mazars Report (December 2015 – An Independent Review of deaths of people with a Learning Disability or Mental Health problem in contact with Southern Health NHS Foundation Trust April 2011 to March 2015)* is that a Mental Health and Learning Disability Mortality Review Group is developed, to include a GP on the membership of the group. Members supported this recommendation. G Evans would feedback this request at a Clinical Leads meeting but asked members to note there could be a capacity issue in finding a GP with time to attend these meetings.

The Chair questioned whether issues are escalated if identified and whether an external review would take place. G Evans responded that there would be no further input following the investigation report but if issues are identified these are discussed at Pennine Care. A Rolfe questioned the methodology for reviewing incidents at Pennine Care, to ensure that themes and trends are picked up. G Evans explained that incidents are graded and a RCA (Root Cause Analysis) is not undertaken for all incidents. Pennine Care is moving to a new serious incident framework – templates are under review. Members were asked to note that incidents are discussed at the patient safety group; an incident would only be closed when the Panel had received assurance. There are also bi-monthly deep dive meetings. G Evans advised on the process for monitoring incidents at Pennine Care.

The Chair raised the issue of whether it would be appropriate to consider having lay representation on this group when it had been established. It was noted that there is no patient or staff identifiable information on any of the papers presented to Panel. G Evans would take the suggestion to the group.

Action closed. **Remove off log. New action to be added to the log.**

Item 5.1.2 (17Feb16) Mental Health (Borough reporting presentation): G Miller had fed back the comments from the Committee to G Evans. Action closed. **Remove off log.**

Item 5.3 (17Feb16) Mental Health (Transforming Care for People with LD): S Williamson had provided an update for the Quality Report for Governing Body. Action closed. **Remove off log.**

Item 6.1 (i) (17Feb16) Safeguarding Exception Report: Dr Owen-Smith had contacted Mark Chidgey regarding the discussion on the financial implications on the lack of capacity within the LAC service. Action closed. **Remove off log.**

Item 6.1 (ii) (17Feb16) Safeguarding Exception Report: S Gaskell reported that the issue regarding the gap in staffing for LAC (Looked After Children) had progressed since the previous meeting. An agreement had been reached with Mark Chidgey (Interim Finance Officer) regarding the financing of health assessments for out of area children placed in Stockport, if the host CCG refuses to pay due to the GM DOF agreement. The recruitment process has commenced at NHS Stockport Foundation Trust (SFT) for a band 8a post and a band 7 post now that the Trust has assurance on the funding.

S Gaskell added that the team is still likely to fail the KPIs but the explanation for this is multi-faceted. S Gaskell commented that in mitigation, there had been an increase in the number of children being placed in care and delays due to detailed assessments not being completed, notably in the 16 – 18 age group.

The Chair questioned S Gaskell as to whether she is assured on the process in place for addressing the gaps in the LAC service; S Gaskell reported that she is assured that the actions put in place would address the gap identified in the LAC service. Action closed. **Remove off log.**

Item 9.1 (17Feb16) Service Focus – Maternity: A Newton had contacted Jane Owens to determine whether links could be made between EMIS web and Euroking. Jane Owens had contacted EMIS web and was advised that this issue is under discussion with another organisation. An update would be provided when more information was available. It was agreed to remove this item off the log, to be re-visited when more information is available. Action closed. **Remove off log.**

3.3 Quality Review: Stroke Services: The Chair referred to the notes provided from the meeting and pointed out that Public Health England had run a big campaign to remind people to check their blood pressure, not pulses as stated.

Members acknowledged that this had been a positive meeting with good representation from relevant organisations and a lot of positives identified for Stroke Services in Stockport. Work had already commenced on some of the actions that were identified at the meeting.

The Chair reported that J Crombleholme would be bringing up the issue at Governing Body, using a patient story involving a patient that had gone through the stroke pathway and then struggled to access rehab when discharged from hospital.

S Williamson reported that the CCG had employed someone on a fixed term basis to work on the issues surrounding the stroke pathway. She is currently in the process of collating finance and activity data to support the development of a business plan for an integrated community rehab team, providing an ESD (Early Supported Discharge) function. It was noted that Integrated rehab is likely to be the term used in the future.

S Williamson reported that the Stroke Association are working with public health to communicate the key messages to the public.

Action:

01/04/16: G Evans to flag up the recommendation from the Stockport Quality Committee of having GP representation on the Pennine Care Serious Incident Evaluation Panel and consider the suggestion by Quality Committee to invite a lay representative to join the group.

4. Stockport Foundation Trust (SFT)

4.1 CCQ Quality Dashboard – March 2016: S Williamson drew attention to the indicators with a red status and asked the Committee to note that the serious incidents exceeding deadline for investigation is, in part due to a process issue. S Williamson pointed out that SFT do report all incidents on STEIS and then a decision is taken to de-escalate an issue after review which often delays the time for investigations. The issue had been reported to NHS England regarding clarity around whether Trusts report incidents within two days when recognised or within two days when recognised as a Serious Incident. The quality indicators are discussed at Quality & Performance meetings, as a regular item.

Dr Briggs pointed out that regarding the never events indicator, SFT await the formal report from an external review that had been commissioned (Toft Review).

Dr Briggs advised the meeting that the TIA performance notice is due to be lifted as performance had been achieved at SFT over the last three months.

Resolved: That the Committee

1. Note the contents of the dashboard.

4.2 SFT Acute Services Quality – IPR: A discussion ensued on whether the Committee should receive the report in its entirety or whether an exception report should be presented at future meetings. S Gaskell recommended producing an exception report and actions. It was explained that the full report is discussed in detail at Quality and Performance meetings therefore there is duplication.

A Rolfe asked why there is no rating for avoidable harm. S Williamson explained that SFT have recently added that in to the report independently and there is currently no data to benchmark it.

S Parker referred to page 4 of the report and suggested using a simplified process in order to increase the response rate from paediatrics – another organisation provides stickers (smiley face, unhappy face for example) in paediatric ophthalmology to gain a quick response on patient experience. S Williamson would take back this suggestion to SFT for consideration.

The Chair expressed her disappointment at the performance of OWL (Outpatient Waiting List) against the original trajectories, notably in Ophthalmology, Gastroenterology, Respiratory and Cardiology and questioned whether there were any plans in place to address this. Dr Briggs explained that the trajectories for OWL had been revised and these were likely to impact on

performance but this would take time. Dr Briggs added that the OWL trajectories are discussed at SRG (System Resilience Group) meetings as a regular item. An update would be provided at the next meeting of the Committee.

It was pointed out that the pathway for IBD (Inflammatory Bowel Disease) is being reviewed with NHS England; the outcome of this could affect the Gastro wait list. It was noted that there is a Coeliac pathway and IBS pathway in place. Dr Higgins suggested hosting a session on IBD at a Masterclass to support GPs in educating patients in self-management of the condition; he would suggest this to the education facilitator.

It was noted that an interim Chief Operating Officer had been appointed at SFT.

Dr Briggs referred back to page 5 of the report and highlighted that there had been an increase in the number of patients that require assistance with eating and drinking. To address this issue, volunteers were working on wards to help patients feed. S Williamson added that a new CQUIN is in place on Nutrition and Hydration and part of this is also a pilot on protected meal times and assistance with feeding. Members would be updated on this item at a later meeting.

It was noted that performance for clinical correspondence had improved.

Resolved: That the Committee

1. Note the contents of the SFT IPR.
2. Requested that an exception report with actions is presented at future meetings.

Actions:

02/04/16: S Williamson to feedback to SFT the suggestion regarding the use of stickers to gauge patient experience.

03/04/16: Dr Higgins to liaise with Maria Murphy (Professional Development & Education Facilitator) regarding including a session on IBD at a future Masterclass event.

5. Mental Health

5.1a Quality & Performance reports on Mental Health – key issues: G Evans sought comments / observations from the report.

The Chair referred to the section on mental health pressures and priorities and noted the areas for increased investment as agreed at the Governing Body.

It was noted that there had been no STEIS cases reported in February; members were asked to note that this data referred to Stockport and not Greater Manchester.

Dr Briggs asked whether any discussions had taken place about moving IAPTs away from face to face sessions. G Evans informed the meeting that both Self Help Services and Stockport Women's Centre provide a number of resources online and also a number of forums to support users such as psychological groups at Step 2. Pennine Care also offer access to a trauma group and a step 3 OCD group. There are no plans to remove the face to face option; there are a wide range of sessions available to users to meet their needs. In response to a

further question, users are advised on the wait times for certain sessions such as face to face or CBT (currently 38 people waiting). G Evans offered to provide a breakdown on the number of users that access face to face therapy in the next report.

A Rolfe sought clarification on the number of long term mental health rehabilitation placements for Stockport. G Evans reported that there are currently eight patients in out of area placements (these placements are agreed by a panel):

- Four patients in long term mental health placements (average stay 18 – 24 months)
- Four in psychiatric intensive care units (PICU)

In response to a question about the length of stay, it was noted that female patients placed in PICU beds are usually in for a longer period as there are no local units for female patients to be repatriated to.

Resolved: That the Committee

1. Note the progress on national key performance and key quality themes.

5.1b Healthwatch Report: Members commented positively on the report. Two focus groups had been convened for inpatients on the mental health adult in-patient wards at Stepping Hill Hospital due to the variance in response rates to the Friends and Family Test (FFT). These reports were very helpful. A follow up meeting has been planned at the end of April 2016 to review the recommendations. There had been a positive response on activities.

Resolved: That the Committee

1. Note the report.

5.1c Transforming Register – Transforming Care for People with Learning Disabilities: G Evans informed the meeting that there is a client to be added to the register. In response to a question, G Evans reported that she receives updates from NHS England twice a week.

Resolved: That the Committee

1. Note the report.

Karen Maneely and Martin Corran joined the meeting (14:25 pm).

5.1.1 Outcome of CMHT re-design: Karen Maneely and Martin Corran were welcomed to the meeting to provide an update on the outcome of the Stockport Adult Community Mental Health Services Transformation.

Dr Higgins declared an interest in this item; he had participated in the co-design work when initial discussions had commenced.

K Maneely provided some background to the work that had taken place and her role during the consultation including going out to work with teams. K Maneely praised the work of the Stockport teams.

M Corran referred to the presentation and briefed the meeting on the whole process including:

- Current structure
- Management structure
- CIP
- Consultation process
- New structure:
 - CMHT with Recovery Hub (West Stockport)
 - CMHT with Recovery Hub (East Stockport)
 - HTT
 - SLT
 - EIT
 - CJMHT
- Key points raised by stakeholders including:
 - Recovery is extremely important
 - Acute Care is extremely important
 - Minimal disruption to care coordinator role
 - Retention of qualified nursing staff
 - Importance of multi-disciplinary teams and support worker
- Engagement process

It was hoped that this would be implemented in September/October 2016. It had been acknowledged that maintenance of the Recovery hub was important for users/carers.

Members were asked to note that the caseload for practitioners would be 25 (compared with 40 nationally). The caseload in the recovery hub would be 40 for a practitioner (compared with up to 75 nationally); this would enable practitioners to spend more time with users of the service. Members questioned the significant differences in caseload between Stockport and other areas and were advised that this is partly due to the success of the recovery hub.

G Miller joined the meeting (14:38 pm).

Dr Higgins asked how the two recovery hubs would align with the neighbourhood teams in Stockport. M Corran responded that the two teams would cover the boundaries of the neighbourhood teams but suggested that further work may be needed to align the teams.

It was further noted that discussions continued regarding a second base as it had been recognised that Torkington Lodge and York House were not fit for purpose; Councillor Lane will be a main base. Dr Higgins requested that consideration be given to using First House in Brinnington as a base as a number of users were reluctant to travel to a distance to access a service. Dr Higgins was requested to liaise with Dr Henry Ticehurst and Neil Jones (Pennine Care) on this issue.

Dr Kendall asked if the CIP had been achieved and was told 'yes', it had been achieved.

Karen Maneely reported that a letter had been sent out to all service users and carers to advise them on the changes (these groups had been heavily involved in the consultation from the start); she had received no negative responses and a number of supportive comments. Additional investment had been put in to Mental Health services in Stockport.

There would be a review of the new structure six months after implementation.

The Chair thanked Karen Maneely and Martin Corran for their attendance and work on implementing the CIP. The Chair sought any further comments from members.

Resolved: That the Committee

1. Endorse the new model put forward for the transformation of Stockport Adult Community Mental Health Services.

Karen Maneely and Martin Corran left the meeting (14:48 pm).

There was a short break before the next item.

The meeting resumed at 14:53 pm.

Action:

04/04/16: G Evans to provide figures on the number of people that request face to face sessions as access to psychological therapies.

05/04/16: Dr Higgins to contact Dr Ticehurst and Neil Jones (Pennine Care) to discuss using First Base in Brinnington as a base for service users.

6. Patient Safety

6.1 Safeguarding Update Report: S Gaskell presented the Safeguarding Exception Report and drew members' attention to a number of points:

Safeguarding Exception Report
Assurance:

SFT: Lots of work had taken place on the training strategy; there are no red safeguarding contractual standards. Additional staff had been trained to deliver Prevent sessions but this is on hold until a new national registration scheme is implemented. The majority of staff should have received level 2 training by the end of June 2016. The CQC inspection (January 2016) had highlighted an issue regarding compliance of paediatric medical staff but this issue is being addressed.

St Ann's: Training for volunteers has commenced; this is on trajectory.

SFT – Maternity: The progress report as outlined at the previous meeting was positive. S Gaskell added that she had undertaken a walk round with Karen Richardson at the end of March 2016. This had been a positive visit; a report would be submitted for the next meeting.

Serious Case Reviews (SCRs):

A report will be submitted to the Governing Body meeting at the end of April on four SCR's. S Gaskell sought comments from the Committee. The Chair requested that rather than submit the full case for each incident, an update is provided at the next meeting to provide assurance that the actions had been addressed. A Rolfe requested an update on those actions that had been identified from a previous report and had not been addressed, as highlighted by the CQC

inspection.

Domestic Homicide:

Appendix 1 – Action plan DVHR:

Members were asked to note the action plan (Appendix 1) following a review of a domestic homicide incident. The review had been led by NHS England and Niche consulting; there had been no representative from Stockport. S Gaskell had fed back on the process to NHS England. A statement from the CCG had been produced for court. A decision is awaited as to whether a representative from the CCG is required to attend the inquest (deferred in May 2016). A new requirement is for a representative from the CCG to meet with the family.

Appendix 2a – Safeguarding self-assessment evaluation:

Appendix 2b – NHS England Safeguarding assurance tool:

S Gaskell briefed the meeting on the new criteria for compliance with the *NHS Assurance and Accountability Framework for safeguarding Vulnerable People 2015*. There had been a number of areas of non-compliance; an action plan had been put in place. This item had been placed on the CCG risk register. The self-assessment had been signed off by senior leaders in the CCG and would be peer reviewed and rag-rated by NHS England. A similar exercise had been completed for the CCG's responsibilities for LAC; this had been peer reviewed and there would an event in May hosted by NHS England for CCG Executive Leads.

The key issues arising from the self-assessment were around capacity; there had been an increase in administration for the team but the demands and increased expectations placed on the designated adult safeguarding nurse remain a challenge. A Rolfe would be carrying out a piece of work on this issue. Members were asked to note that NHS England had not recruited additional resource to support the named safeguarding GP.

Care Homes:

S Gaskell provided an update on the position of Bamford Grange, Cherry Tree House and Cale Green. It was noted that Cherry Tree had been selected to take part in a two-month pilot project, to focus on quality issues involving members of the CCHC team and quality team. If this pilot is successful, it could be rolled out to other care homes where issues had been raised. Members noted the letter (Appendix 4) that had been distributed to residents and their families of Cherry Tree advising them on the project and inviting them to a meeting to discuss individual concerns. The meeting had been well attended with 30 residents' represented.

Appendix 3 – Compliance Tool for LAC & Care Leaver Health Services: Members noted the document.

The Chair thanked S Gaskell for a comprehensive report.

RESOLVED: That the Committee:

1. Note the Safeguarding update provide within the Report.

6.2 Harm Free Care: Members received and discussed the reports presented.

(i) Patient Safety Exception Report: The data for PU's (Pressure Ulcers) and prevalence is variable; this would be a focus for SFT again. It was noted that the Tissue Viability team that had been split with Tameside & Glossop has now separated and as such

Stockport now has their own team. Data for falls is also variable; there had been an increase in incidents. The falls pathway had been reviewed; this would be a focus for SFT. There had been no cases of MRSA. Dr Briggs pointed out that there had been a spike in VTEs in one month. Members agreed that if a trend becomes apparent, this would become a focus for the Committee. Members requested a copy of the minutes from the Thrombosis Committee; this would be followed up for the next meeting. There had been huge improvements in recruitment and staffing.

(ii) CDIFF Report – for info – presented lessons learnt last week: CDIFF is over trajectory but had now reduced to normal levels in the last couple of months. The trajectory would be the same for this year.

Resolved: That the Committee:

1. Note the Patient Safety Report.

7. Clinical Effectiveness

7.1 Mortality Report: The Committee noted the Report; SFT perform well in comparison to other Trusts.

7.2 NICE guidance: S Williamson advised the meeting that she awaited the compliance report on TAs from SFT; an update would be provided at the next meeting. The Chair reiterated the importance of the Committee being sighted on compliance on NICE guidance to determine whether there are any clinical risks. It was agreed that if there is no update at the next meeting, this issue would be escalated.

8. Issue Log

8.1 Issues Log:

Issue 1: Safeguarding assurance in maternity at SFT. S Gaskell reported that this issue is on trajectory. It was agreed to remove this item from the log. Action closed. **Remove off log.**

Issue 2 St Ann's Hospice – safeguarding. It had been noted earlier in the meeting that training for volunteers had commenced. It was agreed to change the status to green and review the issue with a view to removal at the next meeting. **Remain on log.**

Issue 3: District Nurse Service. There remained a shortfall in staffing within the District Nurse Service. There is a meeting later in the month to review acuity of the service and future models; an update would be provided at the next meeting. It was agreed that this issue should remain as amber. **Remain on log.**

Issue 4: Timely follow-up in gastroenterology. A discussion ensued on this item; it was noted that full assurance had not been obtained and the number of patients waiting is high. It was acknowledged that the recent industrial action had a significant impact on the wait times and would affect the original trajectory figures. It was agreed to change this status to red. **Remain on log.**

It was agreed that RTT (refer to treatment) is a significant issue due to the backlog numbers

<p>and should be added to the issue log with a red status. Add to log.</p> <p><i>Issue 5: PREVENT training at SFT.</i> S Gaskell reported that SFT had reviewed the plan and revised the trajectory. Progress had been made but due to the new requirement of the national registration process there would be delays; this is out of the control of SFT. It was agreed that this item remain on the log as amber. Remain on log.</p> <p>RESOLVED: That the Committee:</p> <ol style="list-style-type: none"> Note the updates to the Issues Log including the removal of Safeguarding assurance in maternity from the log and the addition of RTT to the log as red.
<p>9. Any Other Business</p>
<p>9.1 Quality Review meeting: Urgent Care (11 May 2016): Members noted that the focus of the next Quality Review meeting would be on urgent care.</p>
<p>9.2 Any further items to be added to the Issues Log: The backlog for RTT would be added to the issues log.</p>
<p>9.3 Quality Premium: S Williamson reported that three local measures had been set: mental health (percentage of people moving to recovery); trauma and injury and DTOC.</p>
<p>9.4 Paediatric Ophthalmology: G Miller reminded members that SFT had given notice on the paediatric ophthalmology contract at the beginning of the year. The service would be moved to CMFT; likely to proceed from 1 June 2016. It was noted that CMFT would be the new provider but the consultant would remain at SFT. G Miller added that monthly meetings had been held with CMFT to work through the details of the new contract; S Parker had attended these meetings.</p>
<p>9.5 Update from SRG: RTT and urgent care remains a focus for SRG (Systems Resilience Group) along with evaluating schemes from the previous year; these are being aligned with improvement plans.</p>
<p>Members noted the additional information circulated: staff survey and CQUIN schedule for 2016/17.</p>
<p>Update for Governing Body:</p> <ul style="list-style-type: none"> TIA contract notice removed at SFT Gap in staffing in LAC service had been resolved The Stroke Quality Review meeting had been a success with actions implemented The Committee endorsed the implementation of the final plan for the Stockport Adult Community Health Transformation Issue log – gastroenterology follows- ups had changed to red status, RTT would be added to the log as red status A pilot project team had been put in place to support care homes that had issues CMFT would be the new provider of paediatric ophthalmology from 1 June 2016, different provider but the same consultant
<p>Meeting Governance</p>
<p>10. Date, time and venue of next meeting:</p> <p style="text-align: center;">Wednesday 8 June 2016 13:30 – 15:30 Merseyway (Board Room), floor 7, Regent House</p>